**New Application: Regional Anesthesiology and Acute Pain Medicine**

**Review Committee for Anesthesiology**

**ACGME**

**Oversight**

**Participating Sites**

Does the Sponsoring Institution also sponsor ACGME-accredited programs in: [PR I.B.1.a)]

1. Anesthesiology residency [ ]  YES [ ]  NO

**Resources**

3. Are there ultrasound and nerve stimulators available? [PR I.D.1.a)] [ ]  YES [ ]  NO

4. Is there appropriate monitoring and advanced life support immediately available when invasive procedures are performed by program personnel? [PR I.D.1.a)] [ ]  YES [ ]  NO

5. Describe the facility space for the education of fellows, including meeting space, conference space, space for academic activities, and access to computers. [PR I.D.1.b)]

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**Other Learners and Other Care Providers**

3. List any other fellowships associated with the residency program. [PR. I.E.2.]

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**Personnel**

**Faculty**

1. Does the program have at least three corer faculty members, including the program director, with expertise in regional anesthesiology and acute pain medicine? [PR II.B.4.c)] [ ]  YES [ ]  NO

2. Does each participating site have a ratio of at least one FTE faculty member to one fellow?
[PR II.B.4.c).(1)] [ ]  YES [ ]  NO

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Briefly describe the settings and activities in which fellows will demonstrate competence by following standards for patient care and established guidelines and procedures for patient safety, error reduction, and improved patient outcomes. [PR IV.B.1.b).(1).(a)]

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2. Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of regional anesthesiology and acute pain medicine. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Performance of pre-operative patient evaluation and optimization of clinical status[PR IV.B.1.b).(1).(b).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Performance of a detailed neurologic history and physical examination with particular attention to pre-existing neurologic deficits and their impact on the anesthetic plan[PR IV.B.1.b).(1).(b).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Rational selection of regional anesthesia and/or post-operative analgesic techniques for specific clinical situations, including regional techniques, multimodal analgesia, integrative medicine, and opioid and non-opioid pharmacological management[PR IV.B.1.b).(1).(b).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Selection of regional versus general anesthesia for various procedures and patients in regard to patient recovery, patient outcome, operating room efficiency, and cost of care[PR IV.B.1.b).(1).(b).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of inadequate operative regional anesthesia and post-operative analgesic techniques, including the use of supplemental blockade, alternate approaches, and pharmacological intervention[PR IV.B.1.b).(1).(b).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Skills and knowledge necessary to perform and to effectively teach a wide range of advanced practice block techniques, achieving a high success and low complication rate[PR IV.B.1.b).(1).(b).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of an acute pain medicine service, including use of multimodal analgesic techniques, such as neuraxial and peripheral nerve catheters, local anesthetic and opioid infusions, and non-opioid analgesic adjuvants, in patient management[PR IV.B.1.b).(1).(b).(vii).(a) | Click or tap here to enter text. | Click or tap here to enter text. |

3. Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of acute pain medicine. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Understanding how the acute pain medicine service addresses: |
| Surgical regional anesthesia techniques (as placed by the operating room [OR] anesthesiologist)[PR IV.B.1.b).(1).(c).(i).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The peri-operative use of analgesic techniques by the acute pain medicine service[PR IV.B.1.b).(1).(c).(i).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The peri-operative management of acute pain medicine intervention[PR IV.B.1.b).(1).(c).(i).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The provision of acute pain medicine services directed toward the patient with chronic pain who is now experiencing acute pain[PR IV.B.1.b).(1).(c).(i).(d)] | Click or tap here to enter text. | Click or tap here to enter text. |
| The provision of acute pain management to select non-surgical patients, such as those with conditions known to cause acute pain[PR IV.B.1.b).(1).(c).(i).(e)] | Click or tap here to enter text. | Click or tap here to enter text. |

4. Indicate the settings and activities in which fellows will demonstrate the ability to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| Providing anesthesia and peri-operative pain management for patients undergoing orthopaedic surgery[PR IV.B.1.b).(2).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing anesthesia and peri-operative pain management for patients undergoing non-orthopaedic surgery that is amenable to regional anesthesia, including neuraxial and peripheral nerve block[PR IV.B.1.b).(2).(b)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Bedside point of care ultrasound for use in placement and management of neuraxial and peripheral blocks[PR IV.B.1.b).(2).(c)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge**

Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate knowledge in each of the following areas. Also indicate the method(s) used to assess competence. [PR IV.B.1.c).(1)]

| **Knowledge Area** | **Settings/Activities** | **Assessment Method(s)** |
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| **Anatomy and Clinical Pharmacology** |
| Central neuraxial and peripheral nerve anatomy, including: [PR IV.B.1.c).(1).(a)] |
| Anatomy of neural pathways[PR IV.B.1.c).(1).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Differences between motor and sensory nerves[PR IV.B.1.c).(1).(a).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Microanatomy of the nerve cell[PR IV.B.1.c).(1).(a).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Local anesthetic pharmacology, including the: [PR IV.B.1.c).(1).(b)] |
| Mechanism of action, physicochemical properties, pharmacokinetics and pharmacodynamics, and appropriate dosing for single injection or continuous infusion[PR IV.B.1.c).(1).(b).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Selection and dose of local anesthetics as indicated for specific surgical conditions and in different age groups from infants to adults[PR IV.B.1.c).(1).(b).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Dosing, advantages, and disadvantages of local anesthetic adjuvants[PR IV.B.1.c).(1).(b).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Signs, symptoms, and treatment of local anesthetic systemic toxicity or neurotoxicity of local anesthetics[PR IV.B.1.c).(1).(b).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Neuraxial opioids, including: [PR IV.B.1.c).(1).(c)] |
| Indications/contraindications, mechanism of action, physicochemical properties, effective dosing, and duration of action[PR IV.B.1.c).(1).(c).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Complications and adverse effects, including related monitoring, prevention, and therapy[PR IV.B.1.c).(1).(c).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Differentiation intrathecal versus epidural administration relative to dose, effect, and adverse effects[PR IV.B.1.c).(1).(c).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Systemic opioids, including: [PR IV.B.1.c).(1).(d)] |
| Pharmacokinetics of opioid analgesics, to include bioavailability, absorption, distribution, metabolism, and excretion[PR IV.B.1.c).(1).(d).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Mechanism of action[PR IV.B.1.c).(1).(d).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Chemical structure[PR IV.B.1.c).(1).(d).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Mechanisms, uses, and contraindications for opioid agonists, opioid antagonists, and mixed agents[PR IV.B.1.c).(1).(d). (iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use of patient-controlled analgesic systems[PR IV.B.1.c).(1).(d).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Post-procedure analgesic management in the patient with chronic pain and/or opioid-induced hyperalgesia[PR IV.B.1.c).(1).(d).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of acute or chronic pain in the opioid-tolerant patient[PR IV.B.1.c).(1).(d).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Non-opioid analgesics, including: [PR IV.B.1.c).(1).(e)] |
| Multimodal analgesia and its impact on recovery after surgery[PR IV.B.1.c).(1).(e).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pharmacology of acetaminophen, NSAIDs, COX-2 inhibitors, α-2 agonists, and ᵞ-aminobutyric acid-pentanoic agents and anticonvulsant drugs with respect to optimizing post-operative analgesia[PR IV.B.1.c).(1).(e).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| **Regional Anesthesia Techniques**  |
| Nerve localization techniques, including: [PR IV.B.1.c.(2).(a)] |
| Principles, operation, advantages, and limitations of the peripheral nerve stimulator to localize and anesthetize peripheral nerves[PR IV.B.1.c.(2).(a).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles of paresthesia-seeking, perivascular, or transvascular approaches to nerve localization[PR IV.B.1.c.(2).(a).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles, operation, advantages, safety, and limitations of ultrasound to localize and anesthetize peripheral nerves[PR IV.B.1.c.(2).(a).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Spinal anesthesia, including: [PR IV.A.2.b).(2).(b)] |
| Anatomy of the neuraxis[PR IV.B.1.c.(2).(b).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Indications, contraindications, adverse effects, complications, and management of spinal anesthesia[PR IV.B.1.c.(2).(b).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Cardiovascular and pulmonary physiologic effects of spinal anesthesia[PR IV.B.1.c.(2).(b).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Common mechanisms for failed spinal anesthesia[PR IV.B.1.c.(2).(b).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Various local anesthetics for intrathecal use to include agents, dosage, surgical and total duration of action, and adjuvants[PR IV.B.1.c.(2).(b).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Factors affecting intensity, extent, and duration of block to include patient position, dose, volume, and baricity of injectate[PR IV.B.1.c.(2).(b).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Dural puncture headache, to include symptoms, etiology, risk factors, and treatment[PR IV.B.1.c.(2).(b).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Advantages and disadvantages of continuous spinal anesthesia[PR IV.B.1.c.(2).(b).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Epidural anesthesia (lumbar and thoracic), including: [PR IV.B.1.c).(2).(c)] |
| Indications, contraindications, adverse effects, complications, and management of epidural anesthesia and analgesia[PR IV.B.1.c).(2).(c).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Local anesthetics for epidural use: agents, dosage, adjuvants, and duration of action[PR IV.B.1.c).(2).(c).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Spinal and epidural anesthesia differences in reliability, latency, duration, and segmental limitations[PR IV.B.1.c).(2).(c).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Value and techniques of test dosing to minimize complications of epidural anesthesia and analgesia[PR IV.B.1.c).(2).(c).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpretation of the volume-segment relationship and the effect of patient age, to include extremes of age, pregnancy, position, and site of injection on resultant block[PR IV.B.1.c).(2).(c).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Combined spinal-epidural anesthesia, to include advantages/disadvantages, dose requirements, complications, indications, and contraindications[PR IV.B.1.c).(2).(c).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Outcome benefits of thoracic epidural analgesia for thoracic and abdominal surgery and thoracic trauma[PR IV.B.1.c).(2).(c).(vii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Differentiation between thoracic epidural anesthesia/analgesia and lumbar epidural anesthesia/analgesia, to include advantages/disadvantages, dose requirements, complications, indications, and contraindications[PR IV.A.2.b).(2).(c).(viii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Upper extremity nerve block, including: [PR IV.B.1.c).(2).(d)] |
| Anatomy and sonoanatomy of the brachial plexus in relation to sensory and motor innervation[PR IV.B.1.c).(2).(d).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Local anesthetics for brachial plexus block, to include agents, dose, duration of action, and adjuvants[PR IV.B.1.c).(2).(d).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Value and techniques of intravascular test dosing to minimize local anesthetic systemic toxicity associated with peripheral nerve block[PR IV.B.1.c).(2).(d).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Differentiation between the various brachial plexus (or terminal nerve) block sites to include indications, contraindications, advantages, disadvantages, complications, and management specific to each[PR IV.B.1.c).(2).(d).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Indications and technique for cervical plexus, suprascapular, or intercostobrachial block as unique blocks, or supplements to brachial plexus block[PR IV.B.1.c).(2).(d).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Technical and non-technical aspects unique to brachial plexus perineural catheter placement and management[PR IV.B.1.c).(2).(d).(vi)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Lower extremity nerve block, including: [PR IV.B.1.c).(2).(e)] |
| Anatomy and sonoanatomy of the lower extremity, to include sciatic, femoral, lateral femoral cutaneous, and obturator nerves, as well as the adductor canal and lumber plexus (psoas) and options for saphenous nerve blockade[PR IV.B.1.c).(2).(e).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Local anesthetics for lower extremity block, to include agents, dose, duration of action, and adjuvants[PR IV.B.1.c).(2).(e).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Value and techniques of intravascular test dosing to minimize local anesthetic systemic toxicity associated with peripheral nerve block[PR IV.B.1.c).(2).(e).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Differentiation between the various approaches to lower-extremity blockade, to include indications, contraindications, side effects, complications, and management specific to each[PR IV.B.1.c).(2).(e).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Technical and non-technical aspects unique to lower extremity perineural catheter placement and management[PR IV.B.1.c).(2).(e).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Truncal block, including: [PR IV.B.1.c).(2).(f)] |
| Anatomy for intercostal, paravertebral, ilioinguinal-hypogastric, rectus sheath, and transversus abdominis plane blocks[PR IV.B.1.c).(2).(f).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Local anesthetics for truncal blockade: agents, dose, and duration of action[PR IV.B.1.c).(2).(f).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Indications, contraindications, side effects, complications, safety, and management of truncal blockade[PR IV.B.1.c).(2).(f).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Technical and non-technical aspects unique to continuous truncal catheter placement and management[PR IV.B.1.c).(2).(f).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Intravenous regional anesthesia, including: [PR IV.B.1.c).(2).(g)] |
| Mechanism of action, indications, contraindications, advantages and disadvantages, adverse effects, complications, and management of intravenous regional anesthesia (IVRA)[PR IV.B.1.c).(2).(g).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Agents used for IVRA, to include local anesthetic choice, dosage, and use of adjuvants[PR IV.B.1.c).(2).(g).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Complications of regional anesthesiology and acute pain medicine, including diagnosis and management of: [PR IV.B.1.c).(2).(h)] |
| Hemorrhagic complications, to include complications due to anticoagulant and thrombolytic medications with specific reference to published guidelines[PR IV.B.1.c).(2).(h).(i)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Infectious complications[PR IV.B.1.c).(2).(h).(ii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Neurological complications[PR IV.B.1.c).(2).(h).(iii)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpretation of tests recommended following plexus/nerve injury, to include electromyography, nerve conduction studies, somatosensory evoked potentials, and motor evoked potentials[PR IV.B.1.c).(2).(h).(iii).(a)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Complications due to medicines, to include local anesthetic systemic toxicity and opioid-induced respiratory depression[PR IV.B.1.c).(2).(h).(iv)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Other complications, to include pneumothorax[PR IV.B.1.c).(2).(h).(v)] | Click or tap here to enter text. | Click or tap here to enter text. |
| Complex biopsychosocial nature of pain [PR IV.B.1.c).(3)] | Click or tap here to enter text. | Click or tap here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to develop skills and habits to identify strengths, deficiencies, and limits in knowledge and expertise, and to set learning and practice improvement goals. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.C.5] (Limit response to 400 words)

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2. Briefly describe one example of a learning activity in which fellows engage to develop the skills needed to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [CPR IV.B.1.d) and IV.C.5.c)] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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3. Briefly describe one planned learning activity in which fellows engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities including didactic lectures and hands-on demonstrations that promulgate safety (lifelong learning). [PR IV.C.5.(a)-(c)] (Limit response to 400 words)

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4. Briefly describe how fellows will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.) [PR IV.C.5.d)] (Limit response to 400 words)

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5. Briefly describe one example of a learning activity in which fellows will evaluate and apply evidence from scientific studies, expert guidelines, and practice pathways to patient’s medical conditions. [PR IV.C.5.e)] (Limit response to 400 words)

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6. Briefly describe one example of a learning activity in which fellows will apply information technology to obtain and record patient information, access institutional and national policies and guidelines, and participate in self education. [PR IV.C.5.f)] (Limit response to 400 words)

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7. Briefly describe one example of a learning activity in which fellows will analyze their own practice with respect to patient outcomes (especially success and complications from regional blockade) and compare to available literature. [PR IV.C.5.g)] (Limit response to 400 words)

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8. Briefly describe how fellows will participate in the education of patients, families, students, fellows, and other health professionals. [PR IV.C.5.h)] (Limit response to 400 words)

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9. Briefly describe how fellows will advocate for acute pain management and create best practices for pain management regarding major surgical procedures. [PR IV.C.5.i)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows develop interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [CPR IV.B.1.e)] (Limit response to 400 words)

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2. Briefly describe one learning activity in which fellows will demonstrate the ability to summarize information to the patient and family with respect to the options, alternatives, risks, and benefits of regional anesthesia and/or acute analgesic techniques in a manner that is clear, understandable, and ethical. [PR IV.C.5.j)] (Limit response to 400 words)

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3. Briefly describe one learning activity in which fellows will demonstrate the ability to develop effective listening skills and answer questions appropriately in the process of obtaining informed consent. [PR IV.C.5.k)] (Limit response to 400 words)

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4. Briefly describe one learning activity in which fellows will demonstrate the ability to operate effectively in a team environment, communicating and cooperating with surgeons, other physicians, nurses, pharmacists, physical therapists, and other members of the peri-operative team. [PR IV.C.5.l).(1)-(4)] (Limit response to 400 words)

The description should include:

* Recognizing the roles of all team members
* Communicating clearly in a professional manner that facilitates the achievement of care goals
* Helping other members of the team to enhance the sharing of important information
* Formulating care plans that utilize the multidisciplinary team skills, such as a plan for facilitated recovery

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**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which fellows develop a commitment to carrying out professional responsibilities and an adherence to ethical principles. [PR IV.B.1.a)] (Limit response to 400 words)

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2. Briefly describe one learning activity by which fellows will demonstrate integrity, honesty, and accountability in conducting the practice of medicine. [PR IV.C.5.m)] (Limit response to 400 words)

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3. Briefly describe one learning activity by which fellows will demonstrate a commitment to lifelong learning and excellence in practice. [PR IV.C.5.n)] (Limit response to 400 words)

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4. Briefly describe one learning activity by which fellows will demonstrate consistent subjugation of self-interest to the good of the patient and the health care needs of society. [PR IV.C.5.o)] (Limit response to 400 words)

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5. Briefly describe one learning activity by which fellows will demonstrate commitment to ethical principles in providing care, obtaining informed consent, and maintaining patient confidentiality. [PR IV.C.5.p)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [CPR IV.B.1.f)] (Limit response to 400 words)

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2. Briefly describe the learning activity(ies) through which fellows demonstrate effectively choosing regional anesthesia techniques and approaches to promote peri-operative efficiency and improve patient outcomes. [PR IV.C.5.q)] (Limit response to 400 words)

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3. Briefly describe the learning activity(ies) through which fellows demonstrate an understanding of the interaction of the regional anesthesia and acute pain medicine service with other elements of the health care system, including primary surgical and medical teams, and other consultant, nursing, pharmacy, and physical therapy services. [PR IV.C.5.r)] (Limit response to 400 words)

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4. Briefly describe one learning activity in which fellows will demonstrate awareness of health care costs and resource allocation, and the impact of their choices on those costs and resources, as well as strategies to accommodate hospital formulary, drug shortages, and cost control. [PR IV.C.5.s)] (Limit response to 400 words)

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5. Briefly describe one learning activity in which fellows will advocate for the patient and their family within the health care system and assist them in understanding and negotiating complexities in that system. [PR IV.C.5.t)] (Limit response to 400 words)

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6. Briefly describe one learning activity in which fellows will provide direct acute pain management and medical consultation for the full spectrum of injuries, medical etiologies, and surgical and other invasive procedures that produce acute pain in the hospital setting. [PR IV.C.5.u)] (Limit response to 400 words)

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7. Briefly describe one learning activity in which fellows will, when indicated, safely and effectively perform a comprehensive range of advanced regional anesthesia procedures for appropriate indications, in a safe, consistent, and reliable manner, understanding the individual risks and benefits of each. [PR IV.C.5.v)] (Limit response to 400 words)

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8. Briefly describe one learning activity in which fellows will act as a consultant to other anesthesiologists, surgeons, physicians, nurses, pharmacists, physical therapists, and other medical professionals, operating room managers, hospital administrators, and other allied health providers. [PR IV.C.5.w)] (Limit response to 400 words)

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9. Briefly describe one learning activity in which fellows will provide leadership in the organization and management of an acute pain medicine service within the hospital setting, comprising a variety of specialists to provide a comprehensive, multimodal acute pain management treatment plan. [PR IV.C.5.x)] (Limit response to 400 words)

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10. Briefly describe one learning activity in which fellows will develop the knowledge and skills required to establish a new regional anesthesiology and acute pain medicine program in his/her future practice, and to adopt emerging knowledge and techniques for the acute pain management of patients whom he/she encounters. [PR IV.C.5.y] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Describe how the fellows log their cases and the system for monitoring compliance with accurate Case Log entry. [PR IV.C.3.a).(1) - IV.C.3.a).(6)]

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2. Describe the clinical experience, location, faculty teaching, and supervision that will be provided for the program’s clinical anesthesia experience of at least 10 months, including at least five months of regional anesthesia experience and three months of acute pain medicine experience. [PR IV.C.3] (Limit your response to 400 words)

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3. Describe the clinical experience, location, faculty teaching, and supervision that will be provided for the program’s regional anesthesia experience of at least five months. [PR IV.C.3.a)-IV.C.3.a).(5).(b)] (Limit your response to 400 words)

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4. Provide clinical data from each site in the regional anesthesiology and acute pain medicine program. The list should include all procedures performed by the regional anesthesiology and acute pain medicine service that would have been available for the education of regional anesthesiology and acute pain medicine fellows during the most recently completed academic year. [PR IV.C.3.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| **Spinal (Intrathecal) Procedures** |
| performed primarily  | # | # | # | # | # |
| directly supervised by fellow | # | # | # | # | # |
| **Total Spinal** | # | # | # | # | # |
| **Epidural Procedures** |
| performed primarily  | # | # | # | # | # |
| directly supervised by fellow | # | # | # | # | # |
| **Total Epidural** | # | # | # | # | # |
| **Upper Extremity Nerve Block Procedures** |
| above the clavicle | # | # | # | # | # |
| below the clavicle | # | # | # | # | # |
| **Lower Extremity Nerve Block Procedures** |
| at or above the proximal thigh | # | # | # | # | # |
| at or below the mid-thigh | # | # | # | # | # |
| **Total Extremity Nerve Blocks** | # | # | # | # | # |
| **Truncal Block Procedures** |
| abdominal blocks | # | # | # | # | # |
| thoracic blocks | # | # | # | # | # |
| **Total Truncal Blocks** | # | # | # | # | # |
| **Peripheral Nerve Block Catheter Placement Procedures** | # | # | # | # | # |
| upper extremity | # | # | # | # | # |
| lower extremity | # | # | # | # | # |
| truncal sites | # | # | # | # | # |
| **Total Peripheral Nerve Block Catheter Placement** | # | # | # | # | # |

5. Describe the clinical experience, location, faculty teaching, and supervision that will be provided for the program’s acute pain experience of at least three months to include supervised assessment and management of inpatients with acute pain; management of epidural infusions, inpatient continuous peripheral nerve infusions, ambulatory continuous peripheral nerve infusions, and patient controlled analgesia; supervised assessment with specialized acute pain considerations, to include concurrent anticoagulant administration, chronic opioid use, neuromuscular disorders, advanced age, and psychiatric disease; and a minimum of 50 unique documented new patients for each fellow. [PR IV.C.3.b)-IV.C.3.b).(4)] (Limit your response to 400 words)

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6. Describe the clinical experience, location, faculty teaching, and supervision that will be provided for the program’s chronic pain experience of at least two weeks, including documented involvement with a minimum of 20 new patients assessed in this setting. This experience must include supervised participation with pain medicine specialists responsible for the assessment and management of patients with chronic pain, including cancer pain. Patients should be seen through either consultation or while on a designated inpatient pain medicine service. [PR IV.C.3.c)] (Limit your response to 400 words)

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7. Describe the clinical experience, location, faculty teaching, and supervision that will be provided for the program’s pediatric experiences. There should be experience with the age-appropriate assessment and treatment of acute pain in children, including participation in acute pain management and regional anesthesia for pediatric surgical patients, including children under 18 years. [PR IV.C.3.d)-IV.C.3.d).(1)] (Limit your response to 400 words)

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8. Describe the clinical experience, location, faculty teaching, and supervision that will be provided for the program’s trauma experiences, including the assessment and treatment of acute pain in the setting of trauma or in the setting of patients who experience emergent non-elective surgery. [PR IV.C.3.e).(1)] (Limit your response to 400 words)

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9. Didactic Curriculum

a) Intra-departmental activities [PR IV.C.4.a)]

| **Activity** | **# Per Year** | **Attendance Obligatory for Faculty?** | **Attendance Obligatory for Fellows?** |
| --- | --- | --- | --- |
| Lectures | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Peer-review case conferences | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Morbidity and mortality conferences | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Interdepartmental conferences | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Departmental grand rounds | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

b) Subspecialty activities [PR IV.C.4.a).(1)]

| **Activity** | **# Per Year** | **Attendance Obligatory for Faculty?** | **Attendance Obligatory for Fellows?** |
| --- | --- | --- | --- |
| Subspecialty conferences | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Review of all current complications and deaths | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Seminars | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| Clinical and basic science instruction | # | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

c) Provide a list of the planned lectures, seminars, conferences, and other didactic exercises. Include all presentations represented in the curriculum, designating those specific to the fellowship with an asterisk. Include the date, title, and instructor, and whether the presenter was a faculty member, fellow, or guest. Add rows as necessary. [PR IV.C.4.a).(3)]

| **Date** | **Title** | **Instructor** | **Check as appropriate** |
| --- | --- | --- | --- |
|  |  |  | **Faculty** | **Fellow** | **Guest** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |[ ] [ ] [ ]
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d) Describe the fellows' expected participation in the planning and production of conferences and other teaching activities. [PR IV.C.4.a).(3)]

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e) Will multidisciplinary conferences include participation from faculty members from specialties outside the fellowship? [PR IV.C.4.a).(4)] [ ]  YES [ ]  NO

**Scholarship**

1. Describe and list fellows’ research opportunities and ongoing projects. [PR IV.D.3.a)]

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2. What provisions will be made for fellows to give research presentations at national or regional meetings? [PR IV.D.3.a).(2)]

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3. Will fellows:

a) Engage in teaching activities as a major activity of the fellowship [PR IV.D.3.b).(1)] [ ]  YES [ ]  NO

b) Create and present a lecture during departmental or divisional grand rounds, or a local, regional, or national meeting covering a topic, research, or case relevant to regional anesthesia or acute pain medicine [PR IV.D.3.b).(2)] [ ]  YES [ ]  NO

c) Prepare and present resident education lectures and journal reviews for regional anesthesia and/or acute pain medicine subspecialty conferences [PR IV.D.3.b).(3)] [ ]  YES [ ]  NO

d) Participate and direct cadaver anatomy laboratories for regional anesthesia if available
[PR IV.D.3.b).(4)] [ ]  YES [ ]  NO

e) Develop teaching techniques by instructing residents and/or medical students at the bedside with the supervision of faculty member(s) [PR IV.D.3.b).(5)] [ ]  YES [ ]  NO

f) Review and enhance web-based teaching resources, such as resident teaching materials, curriculum documents, and self-study and testing materials [PR IV.D.3.b).(6)] [ ]  YES [ ]  NO

**Evaluation**

**Fellow Evaluation**

1. Describe how the program will provide objective performance evaluations based on the Competencies and the subspecialty-specific Milestones. [PR V.A.1.c)] (Limit response to 400 words)

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2. Describe the assessment process and tools the program will use to evaluate fellow performance in interpersonal communication and relationship skills, their fund of knowledge, their manual and decision-making skills, and critical analysis of clinical situations. [PR V.A.1.a).(1)] (Limit response to 400 words)

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**The Learning and Working Environment**

**Clinical Responsibility and the Transition of Care**

1. Describe how fellows will demonstrate leadership in the coordination of patient care, with teams that may include surgeons, anesthesiology colleagues, other medical trainees, specialized advanced practice nurses, physician assistants, and medical subspecialists, such as neurologists, intensivists, and chronic pain specialists. [PR VI.E.2.a)] (Limit response to 400 words)

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2. Describe how fellows will demonstrate their ability to participate in the effective deployment of interprofessional teams that may include non-physician health care professionals, such as advanced practice nurses, physician assistants, pharmacists, physical therapists, specialized nurses, and technicians, to provide high-quality, cost-effective patient care. [PR VI.E.2.b)] (Limit response to 400 words)

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